

Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Division of Personnel Services.

CHECK ONE: ☐ NEW POSITION ☐ EXISTING POSITION

Part I - Items 1 through 12 to be completed by department head or personnel office.

1. Agency Name Kansas Department for Children and Families		9. Position No. K0109657		10. Budget Program Number 629		Agency Number	
2. Employee Name (leave blank if position vacant)				11. Present Class Title (if existing position) Management Systems Analyst I			Position Number
3. Division Family Services				12. Proposed Class Title			
4. Section Economic and Employment Services		For Use By Personnel Office	13. Allocation				
5. Unit Quality Assurance			14. Effective Date				
6. Location (address where employee works) City Topeka County Shawnee			15. By		Approved		
7. (circle appropriate time) Full time XX Perm. Inter. Part time Temp. %			16. Audit Date: By: Date: By:				
8. Regular hours of work: (circle appropriate time) FROM: 8:00AM To: 5:00PM		17. Audit Date: By: Date: By:					

PART II - To be completed by department head, personnel office or supervisor of the position.

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position.

19. Who is the supervisor of this position? (Who assigns work, gives directions, answers questions and is directly in charge.)

Name	Title	Position Number
Nancy Caudle	PSE II, Acting Performance Improvement Manager	K0091204

Who evaluates the work of an incumbent in this position?

Name	Title	Position Number
Same as above		

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

Assignments are broad in scope with only general direction regarding anticipated outcomes provided. Employee has great latitude in developing plans to carry out assignments and must have a multidimensional knowledge of agency programs. Analytical thought is necessary for dealing with complex data and situations. Work often involves a variety of unrelated processes. Several alternatives usually exist for approaching problems and carrying out assignments. Employee must use considerable judgment and discretion.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties:)

What is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action) ; **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each Task and Indicate Percent of Time	
1. 30%	Reviews organizational structures, administrative policies, management systems, and implementation of EES programs, policies and procedures in field offices to assure adherence to federal and state guidelines and continuous performance improvement. This is accomplished through interviews with management, caseworkers, stakeholders, and consumers; review of information systems and case records, and analysis of performance data.
2. 30%	Analyzes review findings and available data to identify the strengths and weaknesses within a management region and recommends to management changes in organization, methods, policies, procedures, practices, or training to improve performance. Issues a written report of findings and recommendations regarding compliance with federal laws and regulations and overall performance. Assists in the development and monitoring of corrective action plans at both the region and state level. Serves as the lead reviewer at least once per year. This involves being the primary contact with the region and central office management staff, analyzing performance data to select the counties to be reviewed, conducting the entrance and exit conferences, delegating work to fellow ME reviewers, coordinating the writing of the report, and monitoring the corrective action plan.
3. 15%	Assists in covering duties of EBT manager, such as reconciliation, help desk monitoring, troubleshooting, and policy implementation, as required. Provides input to program directors on issues of program and policy development and implementation and on performance improvement. Serves on work groups to advise on the impact of implementing major policy and program options on local staff and the organizational systems of the agency and on compliance with federal laws and regulations. Attends training and participates in meetings to keep abreast of federal and state policy and program changes. Assists in training development as needed
4. 25%	Serves as a steward of the automated case review (CARE) system. This requires working with the contractor on design, testing, updates and problem resolution. Aids in contract negotiation. Assist the field and central office with questions and issues involving the CARE system.

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22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position.
- ☒ (X) Lead worker assigns, trains, schedules, oversees, or reviews work of others.
 - ☐ () Plans, staffs, evaluates, and directs work of employees of a work unit.
 - ☐ () Delegates authority to carry out work of a unit to subordinate supervisors or managers.

- b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

Title

Position Number

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23. Which statement best describes the results of error in action or decision of this employee?
- ☐ () Minimal property damage, minor injury, minor disruption of the flow of work.
 - ☒ (X) Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.
 - ☐ () Major program failure, major property loss, or serious injury or incapacitation.
 - ☐ () Loss of life, disruption of operations of a major agency.
- Please give examples.

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24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

Makes frequent contact with Family Services and EES leadership, regional management, EES staff, community stakeholders, and consumers to discuss agency operations and performance. Also has considerable contact with USDA federal partners to discuss reviews, findings, corrective action plans, and agency operations.

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25. What hazards, risks or discomforts exist on the job or in the work environment?

There could be visual or physical stress from using computer equipment 8 hours per day. This job requires overnight travel approximately 25 days per year.

26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used.

Must be able to operate the following equipment/machines:
computer, printer, fax machine, photocopier, scanner, calculator

PART III - To be completed by the department head or personnel office

27. List in the spaces below the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Education – General

Education or Training - Special or professional

License, certificates and registrations

Special knowledge, skills and abilities

Experience - Length in years and kind

Three years of experience in collecting, evaluating, studying or reporting on statistical, economic, fiscal/budget, legislative or administrative data. Education may be substituted for experience as determined by the agency.

28. SPECIAL QUALIFICATIONS

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

Signature of Employee _____ Date _____

Signature of Personnel Official _____ Date _____

Approved:

Signature of Supervisor _____ Date _____

Signature of Agency Head or _____
Appointing Authority Date _____